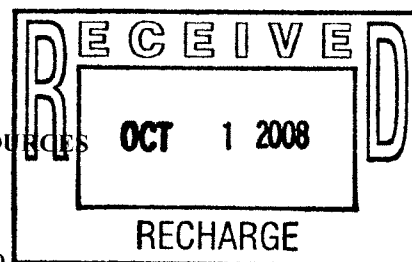


ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)**

APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY

Application No.: 74-570180.0003

Date Received: 10-1-08

1. Name of Applicant: Town of Oro Valley Water Utility

<u>11000 N. La Canada Drive</u>	<u>Oro Valley</u>	<u>AZ</u>	<u>85737</u>
Mailing Address	City	State	Zip

Contact Person David Ruiz Telephone (520) 229-5023 Fax (520) 229-5029

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Tucson Active Management Area
(TAMA)

3. Name of the owner(s) of the land where wellsites are located Town of Oro Valley
Mailing Address 11000 N. La Canada Drive, Oro Valley, AZ 85737
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used SW/SE/SE/12, T.12S., R.13 E.
(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for To meet municipal water demands and Assured Water Supply requirements

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. Pursuant to Long Term
or long-term storage account number. 70-411160.0000 Storage Account Number

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
Town of Oro Valley	55-208817	SW/SE/SE Sec. 12, 12-13	700	880	16	1129	1/15/07

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), Philip C. Saletta, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(520) 229-5000

Telephone

Philip C. Saletta

Signature of owner or authorized agent

Oro Valley Water Utility Director

Title

11000 N. La Canada Drive

Mailing Address

Oro Valley

City

AZ

State

85737

Zip

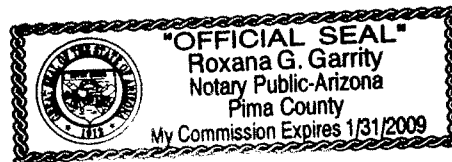
STATE OF ARIZONA

County of Pima)

) ss.

Subscribed and sworn to before me this 8th day of September, 2008.

Roxana G. Garrity
Notary Public



1/31/09
My commission expires: